



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 Capitol Avenue, Hartford, CT 06106
(860) 713-2504

License # CD -

☐ NEW \$150.00

☐ RENEWAL \$ 50.00

License
Expiration: 6/30 /2005

CATTLE OR SWINE DEALER/BROKER LICENSE APPLICATION

I/we hereby apply for a license to conduct a business of buying, receiving, selling or exchanging or negotiating or soliciting the sale, resale, exchange, transportation, transfer or shipment of any cattle or swine in the State of Connecticut in accordance with and subject to the provisions of Section 22-381 et seq. of the Connecticut General Statutes. The licensee is to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. The license period shall be from July 1st to June 30th following, inclusive. All licenses shall expire on June 30th of each year. Check or money order payable to the "Commissioner of Agriculture" must accompany the application.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE JUNE 30th

NOTE: Licenses for New and Renewal applications cannot be processed if: required payment is not submitted with the application; the application is incomplete, and/or the Federal Employer Identification Number or Social Security Number is not provided. Incomplete applications and submitted payments will be returned for completion and resubmission.

Please PRINT or TYPE

Federal Employer
Identification
Number: _____

Social
Security
Number: _____

BUSINESS NAME

TELEPHONE NUMBER

ADDRESS WHERE BUSINESS IS TO BE CONDUCTED (Address where records of transactions will be kept)

MAILING ADDRESS

TOWN/CITY

STATE

ZIP CODE

NAME OF AGENT OR AGENTS OF THE OWNER

E-MAIL ADDRESS

Check One Box: ☐ SOLE PROPRIETOR/ INDIVIDUAL OWNER ☐ PARTNERSHIP ☐ L.L.C. ☐ CORPORATION

NAME OF LICENSEE (Name of Owner, Name of Partnership, Name of L.L.C. or Name of Corporation)

E-MAIL ADDRESS

NAMES OF PARTNERS, L.L.C. MEMBERS OR CORPORATION OFFICERS

DEALER / BROKER WILL HANDLE: ☐ CATTLE ☐ SWINE ☐ OTHER (Describe on Reverse Side of Application)

NEW APPLICANTS ONLY - PLEASE PROVIDE THE FOLLOWING:

HAS APPLICANT VIOLATED ANY STATE LAWS/REGULATIONS GOVERNING
INTRASTATE OR INTERSTATE MOVEMENT OF CATTLE OR SWINE?
(IF YES, EXPLAIN ON REVERSE SIDE OF APPLICATION)

☐ Yes ☐ No

HAS APPLICANT'S LICENSE BEEN SUSPENDED OR REVOKED IN ANOTHER STATE?
(IF YES, EXPLAIN ON REVERSE SIDE OF APPLICATION)

☐ Yes ☐ No

PROVIDE THREE (3) FINANCIAL REFERENCES:
(PLEASE LIST ON REVERSE SIDE OF APPLICATION)

The undersigned applicant states that all of the information herein is true to the best of his/her knowledge and agrees that in the event that a license is granted, said applicant shall comply with all laws, rulings, regulations, or directives issued by the Commissioner of Agriculture.

(Print Name of Applicant)

(Signature of Applicant)

(Title)

(Date)

AREA BELOW FOR OFFICE USE ONLY:

Fee: Amount Received

Check or Money Order Number

Date Processed

Transmittal Number

LICENSE EXPIRATION

JUNE 30, 2005

CS-1 Rev. 5/04 .pdf